

Response To Office Action
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REMARKS

The Office Action has been received and reviewed. In the Office Action, claims 1-52 were rejected and the rejection was made "final".

If there are questions about this Response, please contact the undersigned. In view of the remarks, applicant respectfully requests allowance of the claims.

Final Rejection

The rejections in the Office Action were made final. It is respectfully submitted that doing so was unfair and unnecessary. The primary reference cited in the Office Action is Rozen et al., which has never before been cited against this application. Applicant has not had an opportunity to respond to the use of Rozen et al. No reason is given in the Office Action for making the Office Action "final". Under these circumstances, the status as "final" should be withdrawn.

Rejections Under 35 U.S.C. 103(a)

In the Office Action, claims 1-5, 8-16, 19-32, 34-41 and 44-52 were rejected under 35 U.S.C. 103(a) as being obvious over U.S. Patent No. 6,073,106 ("Rozen et al."). in view of U.S. Patent No. 5,771,291 ("Newton et al.") and further in view of U.S. Patent No. 6,488,205 ("Jacobson"). Rozen et al. teaches a method managing personal information, such as medical

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information, and controlling access to that information. To gain access to personal information, Rozen et al. requires a constant identifier and a personal identification number ("PIN"). Some of the information may be accessed by using a first PIN (the "C-PIN"), and other of the information may be accessed by using a second PIN (the "E-PIN"). For example, if the patient provides the constant identifier and the C-PIN to an individual, that individual will be allowed to access particularly sensitive medical information. If the patient provides the individual with the E-PIN, that individual will be allowed to access information that may be useful during a medical emergency.

Rozen et al. focuses on associating a first PIN with a first part of the information, and on associating a second PIN with a second part of the information. As such, Rozen et al. requires anyone desiring access to the first part of the information to possess the constant identifier and the first PIN. Similarly, Rozen et al. requires anyone desiring access to the second part of the information to possess the constant identifier and the second PIN. Rozen et al. provides no way of knowing *who* accesses information. Instead, Rozen et al.'s focus is on *what* information is provided.

Rozen et al. does not disclose the associated password identified in claim 1. Claim 1 requires that the associated password be associated with a non-patient user of the system. In Rozen et al., the PINs are not associated with a non-patient user of the system. Although one of Rozen et al.'s PINs may be given to a non-patient user of the system, doing so does not make the PIN an "associated password". Rozen et al.'s system does not associate a PIN with any particular user of the system. Instead,

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Rozen et al. associates a PIN with a portion of the information, and provides that information to anyone that has received the PIN (and the constant identifier).

The application specifically excludes a system such as Rozen et al.'s. At page 7, line 5, the application states:

a patient's health information description may be accessed upon providing a prospective pair that includes a patient's associated access code and the password of another user, such as a physician, health care provider, or medical cost payer. In this manner, the patient need not disclose his/her password to another user in order permit that other user to have access to the patient's description.

Rozen et al.'s system requires disclosure of at least one of the patient's PINs. As such, Rozen et al. can not be said to have an "associated password", as required by claim 1. In fact, by requiring disclosure of at least one of the patient's PINs, Rozen et al. teaches away from the present invention. Unlike Rozen et al., in the invention of claim 1, the patient's password need not be shared in order for a medical care provider to access the patient's medical information.

Newton et al. and Jacobson are cited in the Office Action for reasons that do not address the deficiency of Rozen et al. (described above). Consequently, Newton et al. and Jacobson fail to make up for the deficiencies of Rozen et al. Therefore, the

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combination of Rozen et al., Newton et al. and Jacobson does not render claim 1 obvious under 35 U.S.C. 103(a). Therefore, claim 1 is allowable.

The other independent claims, namely claims 13, 24, 28, 39, and 49 have features similar to claim 1. As such, the arguments presented above are equally applicable to claims 13, 24, 28, 39 and 49. Therefore, claims 13, 24, 28, 39 and 49 are allowable.

Claims 4-5, 8-12, 14-16, 19-23, 25-32, 34-38, 40, 41, 44-48 and 50-52 depend from one of the independent claims. Consequently, the arguments presented above are equally applicable to claims 4-5, 8-12, 14-16, 19-23, 25-32, 34-38, 40, 41, 44-48 and 50-52. Therefore, claims 4-5, 8-12, 14-16, 19-23, 25-32, 34-38, 40, 41, 44-48 and 50-52 are allowable.

Further, with regard to the rejection of claims 4, 15, 26, 31, 41 and 51, Rozen et al. does not support a rejection under 35 U.S.C. 103(a). In the Office Action at the bottom of page 5, it was stated that col. 7, lines 15-39 of Rozen et al. teaches a second computer programmed to record who made the change to one of the descriptions. Although col. 7, lines 15-39 disclose that changes may be made to medical information, that portion of Rozen et al. does not teach anything about recording who made the changes. Consequently, Rozen et al. fails to render claims 4, 15, 26, 31, 41 and 51 obvious. Therefore, claims 4, 15, 26, 31, 41 and 51 are allowable.

At section 4 of the Office Action, claims 6, 7, 17, 18, 32, 33, 42 and 43 were rejected under 35 U.S.C. 103(a). These claims

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are dependent claims, and therefore include all the limitations of the claims from which they depend, including the corresponding independent claim. Consequently, the arguments outlined above with regard to the independent claims are equally applicable to these dependent claims.

The documents relied on to support this rejection are Rozen et al., Newton, Jacobson, Corcoran et al. Rozen et al. is discussed above, and the other three documents were cited in prior office actions. The other three documents fail to make up for the deficiencies of Rozen et al. Consequently, the rejection of claims 6, 7, 17, 18, 32, 33, 42 and 43 are not supported by the cited references. It is respectfully requested that the rejection of claims 6, 7, 17, 18, 32, 33, 42 and 43 be withdrawn.

CONCLUSION

In view of the foregoing remarks, it is respectfully submitted a full and complete response to the Office Action has been made. The claims are in condition for allowance, and allowance of the claims is respectfully requested.

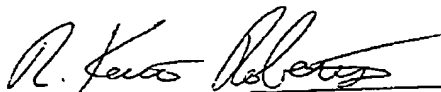
The Applicant believes that no extension-of-time fee is due with this Response. However, if an extension of time is required to enter this Response, please consider this a petition for an extension of time necessary to enter this Response.

If a fee is due, please charge Deposit Account No. 08-2442.

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The Examiner is invited to call applicant's attorney if any questions remain following review of this response. If it will help, the undersigned is willing to explain by telephone or in person, the reasons the claims are allowable.

Respectfully submitted,



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